## L24000045557

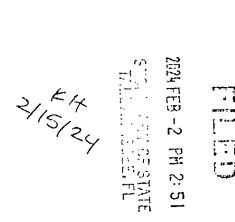
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## **COVER LETTER**

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	ELLIA BAY ELC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return ali correspo	ndence concerning this matter	to the following:			
	JONATHAN M. SMITH,	ESQ.			
		Name of Person			
Division of Corporations    12727 CA,ELLIA BAY LLC					
		Firm/Company		,	-2 PH 2:51
4348 SOUTHPOINT BLVD., SUITE 101			me Telephone Number  S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	I2727 CA, ELLIA BAY LLC  Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing in all correspondence concerning this matter to the following:  JONATHAN M. SMITH, ESQ.  Name of Person  DUSS, KENNEY, SAFER, HAMPTON & JOOS, PA  Firm/Company  4348 SOUTHPOINT BLVD., SUITE 101  Address  JACKSONVILLE, FL 32216  City/State and Zip Code  jsmith@jaxfirm.com  E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)  Area Code  Name of Person  Daytime Telephone Number  Area Code  Certificate of Status  Certificate Opy (addiffound copy is enclosed)  S60.00 Filing Fee.  Certificate of Status & Certified Copy (addiffound copy is enclosed)				
	JACKSONVILLE, FL 322	16		202	
	jsmith@jaxfirm.com	City/State and Zip Code		EB.	. 12 200 A (1 1
	E-mail address: (	to be used for future annual report notif	ication)	72	<u>;</u> ; ":
For further information co	oncerning this matter, please ca	all:		是	
Jonathan M. Smith, Esq.			·	2: 51 STAT S.F.L	V4.
Name of	f Person	Area Code Daytime	Telephone Number	Lu _	
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificat Certified	te of Status & Copy	
			rtion		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12727 CA,ELLIA BAY LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000045557</u>	pany were filed on JANUARY 24, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
12727 CAMILLIA BAY, LLC		
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES:	S)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Linited Liability Company)  for this Limited Liability Company were filed on JANUARY 24, 2024 and assigned 4000045557  It to amend the following:  r the new name of the limited liability company here:  able and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  address, if applicable:  JST BE A STREET ADDRESS)  if applicable:  4 POST OFFICE BOX)  ed agent and/or registered office address on our records, enter the name of the new registere ered office address here:	
agent and/or the new registered office address here:		
Enter new mailing address, if applicable:  (Principal office address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	111	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
		<del></del>	🗀 Add
			Remove
			Change
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Filing Fee: \$25.00